



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	Web Hill Limited
Address of centre:	Sunnyside, Upper Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0005314
Fieldwork ID:	MON-0038176

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Padre Pio Nursing Home is a family run designated centre and is located in the quiet suburban area of upper Rochestown, a few miles from Cork city. It is registered to accommodate a maximum of 25 residents. It is a single storey facility. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available. Communal areas comprise a day room, dining room and conservatory. Residents have access to a secure paved enclosed courtyard with seating and smoking shelter at the back of the centre; there is a seating area at the side of the main entrance. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 October 2022	09:30hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights, choices and independence of residents in the centre. The inspector met with many residents during the inspection and spoke with four residents in more detail. Residents spoken with gave positive feedback and were complimentary about the care they received.

There were 23 residents residing in Padre Pio Nursing Home at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by the person in charge, which included a signing in process, hand hygiene, face covering, and temperature check.

There was an opening meeting with the person in charge and the person representing the registered provider, which was followed by a walk-about the centre with the person in charge.

Padre Pio Nursing Home was a single-storey building. The main entrance was wheelchair accessible and led to the conservatory day room. The nurses' office, new hand-wash hub, new visitors' room and toilet facilities were located here. The main fire alarm system, registration certification, suggestion box and complaints procedure were displayed by the conservatory. The statement of purpose, residents' guide, annual review, copy of the regulations and inspection reports were displayed in the conservatory for perusal.

To the left the day room adjoined the conservatory. There was ample space, comfortable seating and specialist cushions in the day room for residents to enjoy and relax. There was shelving here with books, games, CDs and movies. The notice board had the daily activities set out for the week along with information on vaccinations, and photographs of residents enjoying activities. Both the day room and conservatory had large flat screen televisions. There was a dart board hanging in the conservatory for residents who enjoyed playing darts.

The dining room was located beyond the day room via double doors; this was out of commission during the inspection due to refurbishment works in the adjoining kitchen. Laying of the new floor was just completed and reconfiguration of the kitchen had commenced; this included infection prevention and control measures such as the installation of two hand-wash sinks on either side of the kitchen. The conservatory and day room had flooring replaced since the last inspection and this looked well.

There were two twin bedrooms to the left of the dining room; both had toilet and wash-hand basin en suites. A shower room was available by these rooms for residents.

Other bedroom accommodation was located beyond the conservatory. Residents' bedroom accommodation comprised single rooms and twin rooms, some with toilet and wash-hand basin en suites facilities and others with shower, toilet and wash-hand basin facilities; one single and one twin bedroom had a hand-wash sink in their bedrooms. En suite bathrooms had wall-mounted mirrored cabinets for residents to keep their toiletries. Bedrooms to the right of the building had external fire doors installed as the registered provider was in the process of enlarging these bedrooms and the addition of fire doors was a pre-requisite to the building works.

Bedrooms could accommodate a bedside locker and armchair; bedrooms had wall-mounted TVs. Residents had wardrobe and presses for storage and hanging their clothes. Beds with low low provision, specialist pressure relieving mattresses along with safety crash mattresses were seen in residents' bedrooms. There was an additional bathroom with shower, toilet, wash-hand basin and bath in close proximity to bedrooms. Handrails were on both sides of corridors to support residents if required. Call bells were fitted in bedrooms, bathrooms and communal rooms.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name and offered assistance. The inspector observed that residents appeared comfortable and relaxed with each other and staff.

Residents said that the quality of their meals was good and they enjoyed their meals. As the dining room was out of commission during the inspection due to the refurbishment works in the kitchen, residents had their meals in the day room. Residents said this was not a bother and they were delighted to see the ongoing upgrades to the premises.

Tables in the day room were prepared for residents before meals with condiments, table napkins and delftware. Snacks and beverages were offered at 11:00hrs, 15:00hrs and 20:30hrs. Residents who chose to remain in their rooms had their meal and snacks served to them in their bedrooms. Lovely interaction was observed between staff and residents during mealtime and when staff served residents in their bedroom.

Throughout the inspection, the inspector observed that the nominated person, person in charge, and staff were familiar with residents, and their needs including their communication needs. Residents spoken with said they were happy with the service. In the morning, many residents liked to watch mass on the television in the day room. Following this, healthcare assistants (HCAs) facilitated engaging activities and the inspector saw that they encouraged and involved everyone in the programme. They were making colourful halloween lanterns and decorations, and draped them from windows and the ceiling. Residents were seen to cut up the coloured cardboard into strips and then staple them together with support and assistance from HCAs. In keeping with the halloween atmosphere they had 'hocus pocus' movie on the television and residents were seen to enjoy this. Other activities during the day included reading the newspaper and the local paper, one-to-one socialisation and games. Great participation was heard when a sing-song started in

the day room. Two volunteers came to the centre with holy communion for those residents who wished to part-take; this was a weekly occurrence. Some residents explained that they preferred to stay in their rooms and not attend group activities and this was facilitated.

The inspector chatted with two residents who were outside smoking in one of the designated smoking areas. They independently accessed this area and it was seen to have safety precautions in place for smoking.

Visiting was facilitated in line with HPSC guidance and the inspector saw that visitors were guided through the safety precautions upon entering a designated centre and visitors were familiar with these precautions of temperature check, face mask, hand hygiene and signing-in process.

Wall-mounted hand sanitisers were available in each resident's bedroom, along corridors and in communal areas such as the day room, dining room and bathrooms. Advisory signage demonstrating hand hygiene technique was displayed by the hand gel dispensers. Dani centres were available to store personal protective equipment (PPE) such as disposable gloves and aprons.

The sluice room, laundry and cleaners' room were located to the side of the main building and were secure to prevent unauthorised access. To supplement their household staffing complement, agency household staff were on site. The inspector noted that the cleaning trolley in use was not the appropriate one and saw that mop-head were not changed between rooms and water was not changed. Staff were unfamiliar with the dilution regime of cleaning products. This was immediately addressed by the person in charge.

The washing machine and dryer in the laundry were designated for cleaning mop-heads and other cleaning cloths. Clinical and domestic waste was discretely stored to the side of the building and clinical; waste was securely maintained in line with health and safety.

The clinical treatment room was securely maintained. Medicine trolley and other clinical paraphernalia were stored here. While there was a clinical hand wash sink here, it had a metal outlet with a metal flap closure, along with a metal overflow.

Each bedroom had the bedroom-specific emergency evacuation floor plan. Other floor plans displayed had a point of reference, however, some did not have an evacuation route detailed. Some were not orientated to reflect their relative position in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a good service where a person-centred approach to care was promoted. Actions from the previous inspection were reviewed and the inspector found that actions were taken in relation to knowledge of the the Health Act and Regulations made thereunder, aspects of the premises including the new visitors room, some aspects of infection control such as the installation of a new hand-wash hub in the conservatory; refurbishment of the premises was ongoing. Further attention was necessary regarding regulations relating to monitoring the service and staff supervision including agency staff, aspects of infection prevention and control, assessment and care planning, premises and fire safety.

Padre Pio Nursing Home was a residential care setting operated by the Web Hill Limited and the company comprised two directors, one of whom was the nominated person (the person nominated by the registered provider with responsibility for the service). This was a family-run centre with a clear organisational structure. The person in charge was responsible for the day-to-day running of the centre and was supported in his role by the clinical nurse manager (CNM2), senior nurse and staff. The nominated person was on site on a daily basis to support the service.

The person in charge and nominated person had management systems in place with core responsibilities of clinical and non-clinical segregated respectively. The schedule of audits was seen for 2022 with monthly, quarterly and bi-annual audits completed by the nominated person, person in charge, CNM2 and staff. While an audit schedule was in place it was not sufficiently robust to ensure comprehensive oversight of the service. Nonetheless, results of audits along with the key performance indicators such as incident, falls and antibiotic usage, informed the quality meetings which were attended by the nominated person, person in charge, CNM2, and senior nurse; the chef attended these meetings when necessary.

The person in charge, in conjunction with residents, was in the process of completing the annual review. Residents' surveys and residents' monthly meetings would inform this review.

Safety pauses were held on a daily basis where risks associated with individual residents were highlighted as well as reminders to staff on issues such as infection control, hand hygiene, falls risk and residents who remained in their bedrooms.

The duty roster was updated on inspection to reflect agency household staff on duty on a daily basis. Staffing levels were adequate for the size and layout of the centre and dependency levels of residents. The training matrix examined showed that staff were up to date with their mandatory training. Ongoing training sessions were facilitated by the person in charge regarding clinical and regulatory matters such as the Health Act and Regulations made thereunder, and the recently introduced electronic care planning and medication management systems. Infection prevention and control information sharing was also ongoing regarding hand hygiene and personal protective equipment. Recruitment was ongoing, and at the time of inspection recruitment for housekeeping staff was in progress. Household staff complement was augmented by agency staff, however, observation on inspection

showed that better induction and supervision was required and this was discussed under Regulation 27, Infection control.

Regulation 14: Persons in charge

The person in charge was a registered nurse who had the required qualifications, management experience and experience of nursing older persons specified in the regulation. He had completed his MSc in Management 2021 and a post graduate course in infection prevention and control 2022.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff to the size and layout of the centre and dependency of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Better staff supervision was necessary as household agency staff were not provided with the appropriate induction or orientation to equipment or cleaning products. This was further described under Regulation 27 Infection Control findings.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents had the requirements as specified under Regulation 19.

Judgment: Compliant

Regulation 21: Records

A sample of Schedule 2 staff records were examined. Staff had vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. Written references were seen and these were verified by either the nominated person or the person in charge. Staff induction and appraisals formed part of the Schedule 2 information.

Judgment: Compliant

Regulation 23: Governance and management

While a schedule of audit was in place, it was not sufficiently robust to provide oversight of all aspects of the service that ensured the service was effectively monitored, as evidenced in regulations such as Infection control (Regulation 27) and Fire safety (Regulation 28).

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the regulatory requirement to submit notifications and these were submitted in a timely manner and in accordance with the regulations. Documents relating to accidents and incidents showed that notification submitted correlated with these records.

Judgment: Compliant

Regulation 34: Complaints procedure

Following a review of the minutes of residents' meetings and chatting with residents, it was evident that they could raise issues and they were sorted in a timely manner and to the satisfaction of the complainant. Residents' satisfaction surveys were completed and feedback was acted upon in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures folder was examined and it was noted that some

information was obsolete, for example, the supplementary medication management information from the pharmacy, as the supplying pharmacy had changed since the previous inspection. Other policies were obsolete. These were reviewed immediately and out of date information was removed from the Schedule 5 policy folder to ensure that staff had access to current information to guide best practice.

Judgment: Compliant

Quality and safety

The inspector observed that the care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. Residents' independence was encouraged and promoted in accordance with their ability and preferences.

Residents had access to SAGE advocacy and care documentation showed that people were supported to access this service in accordance with their assessed needs and choice. Minutes of residents monthly meetings were seen and these showed that there was comprehensive information-sharing and consultation regarding the operating of the centre.

Consent was routinely obtained from residents for interventions and care documentation, in line with a rights-based approach to care. The daily narrative with updates on the resident's status provided good detail on the resident's well-being and was updated by both day and night duty staff. There was no bed-rail restrictive practice in use in the centre. A sample of residents care plans and assessments were reviewed and while these were updated in accordance with the regulations, they did not consistently reflect the changing needs of residents. Nonetheless, staff spoken with had excellent insight into the psycho-social care needs of residents, including end of life care needs. Appropriate transfer letters were available in residents notes relating to their transfer in and out of the service.

The GP attendance the centre routinely. Medication records were electronically maintained; a sample of administration records were seen and these were comprehensively maintained. Records demonstrated that there was ongoing review of prescriptions and medications were adjusted in accordance with blood reports and residents responses to medications and their well-being.

Each resident had a personal emergency evacuation plan that was updated on a regular basis and included photograph identification and the degree of assistance required. They also detailed the zone and compartment their bedroom was located. Training records showed that all staff had up-to-date fire safety training completed. Fire safety certification was seen and this included test and maintenance of equipment. Daily and weekly fire safety checks were comprehensively completed. However, monthly inspection of fire extinguishers was not routinely completed. Routine fire safety drills were completed with staff and residents. Emergency

evacuation plans displayed in each bedroom showing the evacuation route for that bedroom. However, the emergency evacuation plans on corridors required updating to ensure they were fit for their intended purpose.

Monthly infection control meetings were convened. Minutes of these meetings showed set agenda items such as outbreak and isolation, premises, environmental hygiene, cleaning, hand hygiene and PPE along with other issues that may arise following audits. Lessons learned were detailed which informed guidance such as the COVID-19 outbreak management plan. The legionella flushing records were not in keeping with their policy regarding flushing. While corrective measures were immediately put in place by the person in charge regarding cleaning procedures identified, other issues relating to infection control were further detailed under Regulation 27, Infection control.

Ongoing refurbishment of the premises was seen on inspection. New bedside lockers and bed-tables were delivered during the inspection. Further upgrades included extending the dining room and some bedrooms and replacement of furnishings, to enhance the quality of life of residents.

Regulation 11: Visits

Information pertaining COVID-19 visiting precautions was displayed at the entrance to the centre. Visiting was facilitated in line with current (October 2022) HPSC guidance to residential care settings.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to double wardrobes to store and hang their clothes as well as a bedside locker; some residents had an additional chest of drawer for storage.

Judgment: Compliant

Regulation 13: End of life

Care plan documentation relating to two residents with end-of-life care needs were reviewed, however, they were not updated to reflect the residents' choice and preferences regarding their preferred care at this time. They did not reflect the care, attention and comfort measures these residents received or the knowledge staff had

regarding caring for these residents' specific care needs.

Judgment: Substantially compliant

Regulation 17: Premises

Ongoing refurbishment of the premises was seen on inspection, nonetheless, further improvement was necessary as some bedroom flooring and furnishings required upgrading.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented. Residents said they looked forward to their meals as they were enjoyable and tasty; the presentation of meals was appealing. Tables were prepared for residents with condiments, cutlery and glasses. There were two sittings in the day room as the dining room was out of commission. Some residents spoken with preferred to stay in their rooms for their meals and this was facilitated. Residents had timely access to dietician and speech and language therapist to support their needs.

Judgment: Compliant

Regulation 20: Information for residents

The resident guide was displayed in the conservatory enabling easy access to this information. The residents' guide contained the specified information as required under Regulation 21.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

When a resident was temporarily absent from the centre, transfer letters with relevant information was provided to the receiving centre to ensure the resident could be cared for in accordance with their assessed needs. Upon return to the

centre, the person in charge ensured that relevant transfer information was in place.

Judgment: Compliant

Regulation 27: Infection control

There were a number of infection control issues identified on inspection that were not consistent with the current national standards for the Prevention and Control of Healthcare Associated Infections published by the Authority and regulatory requirements, as follows:

- some clinical hand wash sinks had metal outlets with metal flap closure and metal overflow; some clinical sinks did not have hands-free mechanism to mitigate the risk of cross infection
- protective coating on some architraves, skirting boards and hand-rails was worn so effective cleaning could not be ensured
- the regime in place to mitigate the risk of legionella was not in keeping with their policy regarding flushing of in-frequently used water outlets as all water outlets were flushed on a daily basis, rather than flushing of infrequently used water outlets on a weekly basis
- inappropriate cleaning regime as single mop-heads were not used; water was not changed between rooms with the mop used which increased the risk of cross infection
- household staff were unfamiliar with dilution of cleaning chemicals to facilitate the optimum use of cleaning products.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The emergency evacuation plans on corridors required updating to ensure they were fit for their intended purpose to include zones and compartments as detailed in their emergency evacuation plan. While all emergency evacuation plans had primary evacuation routes, secondary evacuation routes were not detailed should the primary route be in-accessible. Monthly inspection of fire extinguishers was not routinely completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Electronic medication records were in place. Medication administration charts were reviewed and administration records were comprehensively maintained.

Monthly medication audits were completed and these included oversight of antibiotic usage, dosage, duration and rationale for prescribing the particular antibiotic, start and finish date and whether or not a dip-stick test was completed when a urinary tract infection was suspected. Quarterly antimicrobial stewardship audits were completed with comprehensive reports seen.

Multi-drug resistant organism (MDROs) reports were maintained that included the organism type, where the infection occurred (wound for example), whether or not it was treated, date it was notified and from where the notification came; and who was informed of the MDRO, such as the GP, staff in the centre and next of kin. This information provided good oversight of residents to enable best outcomes for them including comprehensive transfer information should the need arise.

Control drugs records were comprehensively maintained which ensured robust oversight of controlled drug management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents care plans and assessments were reviewed and while these were updated in accordance with the regulations, they did not consistently reflect the changing needs of residents. For example, one resident's condition had deteriorated, however, the assessment and care plan did not detail the additional supports put in place to support this resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical services, including consultant and community psychiatry services and geriatrician services. Residents had timely access to dietician, speech and language therapy and tissue viability nurse specialist. Resident notes showed that residents had timely referrals and reviews by allied health professionals and community services with effective oversight of residents' condition, medication management and responses to medications. Residents had access to Headway services which provided further supports and enhanced their quality of life.

The physiotherapist attended the centre once a fortnight and developed an exercise

plan for each resident to enable them either improve or maintain their level of mobility. HCAs and staff facilitated these exercises as part of the daily activities programme to enable best outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection showed that staff knew residents really well and had excellent insight into their care needs and preferences. The person in charge and nominate person promoted a restraint-free environment. Good oversight was maintained of restrictive practice and systems were in place to support residents on admission to negate the requirement for bed-rails for example.

Judgment: Compliant

Regulation 8: Protection

Staff training relating to protection of residents was up to date for all staff. Observation on inspection showed that a rights-based approach to care was utmost in their care delivery; residents' rights were promoted and interaction between staff and residents was respectful and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' independence was promoted here and their input into the service delivery was continually sought through residents' meetings, surveys and chatting with residents. HCAs facilitated activities and the inspector saw that this was undertaken in a friendly social manner where all residents were encouraged and supported to participate in activities in accordance with their choice and ability.

Minutes of residents monthly meetings were seen and these showed that there was comprehensive information-sharing and consultation regarding the operating of the centre. The chef was very supportive and attended meetings and residents reported that they were offered choice outside the usual choice and they were happy with this. Health and safety was discussed in relation to the refurbishment of the kitchen and flooring. Apologies were offered to residents regarding the upheaval associated with refurbishment and residents reported that they were happy with all the

improvements.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Padre Pio Nursing Home OSV-0005314

Inspection ID: MON-0038176

Date of inspection: 13/10/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff induction and orientation plan has been developed to support the agency staff in various departments including housekeeping. The plan includes a perspicuous standard operating procedure (SOP) for each area of concern and allocation of responsibility to the nurse in charge on the day to induct the agency staff before they start their shift on a day-to-day basis. The plan has started to be in action since 14/10/2022 and will be completely implemented as soon as the SOPs are developed which is expected to be by 30/11/2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The audit system in place was reviewed on 20/10/2022 by the clinical governance committee. PIC to incorporate more details into the auditing system to cover the infection prevention and control and fire precaution safety.</p>	
Regulation 13: End of life	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 13: End of life: Meeting was held on 17/10/22 between the PIC and the End-of-life committee members to discuss the issue. Plan in place to introduce the option of a dedicated terminal /end of life care plan which when activated will generate a care plan that covers all key aspects of end-of-life care.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The outstanding upgrading works is expected to be completed by 15/12/2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The clinical hand wash sinks and the taps are expected to be upgraded to the IPC specifications by 15/12/2022. Upgrading of architraves, skirting boards and handrails has commenced since 20/10/2022 same to be completed by 15/12/2022. The regime in place to mitigate the risk of legionella was reviewed on 14/10/2022 and changes were made to ensure that staff identified the appropriate outlets to be flushed on a weekly basis. Staff induction and orientation plan has been developed and is in place since 14/10/2022 to support the agency housekeeping staff. Nurse in charge on the day will carry out the orientation and induction process for the agency staff before the commencement of the agency shift. This induction process covers areas such as use of appropriate equipment, right methods, routines and other health and safety requirements.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Monthly inspection of fire extinguishers was completed on the 14/10/2022 and is put into the monthly checklist for the safety rep. Same will be monitored by the PIC. Dedicated color-coded emergency evacuation plans with details of zones, compartments, primary and secondary evacuation routes are ordered since 20/10/2022.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>New electronic care plan system is in place which recently replaced the previous electronic system and staff training on documentation was conducted by the providers of the electronic system on 28/10/2022. Nurses meeting was held on 20/10/2022 and plan has been made for training and supervision of care plan documentation which includes increasing the frequency of care plan audit.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	17/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/12/2022

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	17/10/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's	Substantially Compliant	Yellow	20/10/2022

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